

**BUILDING DEPARTMENT**

1700 Convention Center Drive | Miami Beach, FL 33139

Office: 305.673.7610 | Fax: 305.673.7857

# WORK PERMIT APPLICATION

FLORIDA BUILDING CODE \_\_\_\_\_ EDITION

Date:		<b>DATA INFORMATION</b> PLEASE PRINT (USE BLACK OR BLUE INK)				Permit No: (For office use only)	
Parcel/ Folio No.				Job Address:			
If subsidiary or revision; provide the <b>Master Building Permit Number:</b>				<b>Is this permit associated with a violation?</b> If yes, BV #:			
<b>Type of Service:</b> Check Applicable		<input type="checkbox"/> New Permit Application		<input type="checkbox"/> Revision		Change of: <input type="checkbox"/> Architect <input type="checkbox"/> Engineer	
				<input type="checkbox"/> Shop Drawings		<input type="checkbox"/> Occupant Content	
<b>Type of Permit:</b> Check Applicable Provide permit detail on page 4		<input type="checkbox"/> Building		<input type="checkbox"/> Electrical		<input type="checkbox"/> Mechanical	
		<input type="checkbox"/> Plumbing		<input type="checkbox"/> Fire		<input type="checkbox"/> Special Events	
						<input type="checkbox"/> Demolition Year Built: _____	
<b>Type of Property:</b> Check Applicable		<input type="checkbox"/> Commercial		<input type="checkbox"/> Residential (SFH or Duplex)		<input type="checkbox"/> Multi – Family	
<b>Type of Improvement:</b> Check Applicable		<input type="checkbox"/> New Construction		<input type="checkbox"/> Addition		<input type="checkbox"/> Reconfiguration of space	
				<input type="checkbox"/> Remove & Replace			
<b>Type of Review:</b> Check Applicable		<input type="checkbox"/> Regular Walk Thru		<input type="checkbox"/> 24 Hour Walk Thru		<input type="checkbox"/> Drop Off	
				<input type="checkbox"/> Electronic Plan Review		<input type="checkbox"/> Expedited Plan Review (O.T Payment Required)	
<b>Type of Project:</b> Check Applicable		<input type="checkbox"/> City Project		<input type="checkbox"/> Historic		<input type="checkbox"/> Housing Urban Development (HUD)	
		<input type="checkbox"/> Leadership In Energy & Environmental(LEED)		<input type="checkbox"/> Special Inspector		<input type="checkbox"/> Private Provider	
<b>Type of Occupancy:</b> Check Applicable		<input type="checkbox"/> A-1 Assembly (Theater/ Concert Hall)		<input type="checkbox"/> I-1 Institutional (Ambulatory)		<input type="checkbox"/> R-3 Residential (Dwelling/ Custom Homes)	
		<input type="checkbox"/> A-2 Assembly (Restaurant/Night Club/ Bar)		<input type="checkbox"/> I-2 Institutional (Non Ambulatory)		<input type="checkbox"/> R-4 Residential (Assisted Living 6-16 person)	
		<input type="checkbox"/> A-3 Assembly (Worship/Amusement/ Arcade Community Hall)		<input type="checkbox"/> M -Department Store / Drug Store		<input type="checkbox"/> S-1 Storage (Mod. Hazard (Repair Garage)	
		<input type="checkbox"/> B – Business		<input type="checkbox"/> M -Gas Station		<input type="checkbox"/> S-2 Storage (Low Hazard (excluding Parking Garage)	
		<input type="checkbox"/> D/E -Daycare & Educational		<input type="checkbox"/> M – Retail/ Warehouse		<input type="checkbox"/> S-2 Storage (Parking Garage)	
		<input type="checkbox"/> R-1 Residential Transient (Boarding House/ Hotel/Motel)		<input type="checkbox"/> R-2 Residential Permanent (Apartment/Dormitory/ Timeshare)			
<b>Other:</b>		Job Value\$:				Square Ft:	
<b>Description of Work:</b> Please be specific with description							
<b>Extent of Work:</b> Check Applicable		<input type="checkbox"/> Alteration Level I <input type="checkbox"/> Alteration Level II				<input type="checkbox"/> Alteration Level III <input type="checkbox"/> Change of Occupancy	
<b>Building Information:</b>		Number of Units:				Height of Building:	
						Number of Stories:	
<b>New Construction/Addition:</b>		Job Value \$:				Sq Ft:	
<b>Alteration/Reconfiguration of space:</b>		Job Value \$:				Sq Ft:	

<b>Architect:</b>	Name: _____		<b>Engineer:</b>	Name: _____	
	Address: _____			Address: _____	
	Suite No: _____			Suite No: _____	
	City/State/Zip Code: _____			City/State/Zip Code: _____	
	Email Address: _____			Email Address: _____	
	License No: _____			License No: _____	
	Office#: _____ Cell#: _____			Office#: _____ Cell#: _____	
<b>Bonding Company Name:</b>	Name: _____		<b>Fee Simple Title Holder: (If Other Than Owner)</b>	Name: _____	
	Address: _____			Address: _____	
	Suite No: _____			Suite No: _____	
	City/State/Zip Code: _____			City/State/Zip Code: _____	
	Office#: _____ Cell#: _____			Office#: _____ Cell#: _____	
<b>Contractor:</b>	Name: _____		<b>Property Owner:</b>	Name: _____	
	Address: _____			Address: _____	
	Suite No: _____			Suite No: _____	
	City/State/Zip Code: _____			City/State/Zip Code: _____	
	Email Address: _____			Email Address: _____	
	License No: _____			Driver License No: _____	
	Office#: _____ Cell#: _____			Office#: _____ Cell#: _____	

**ATTENTION:**  
Important Notice  
Please Read Carefully

This application is hereby made to obtain a permit to do the work and installations as indicated. I certify that all work will be performed to meet the standards of all laws and construction regulations in this jurisdiction. I understand that a **separate permit** must be secured for **Electrical, Mechanical, Plumbing, Signs, Wells, Pools, Furnaces, Boilers, Heaters, Tanks, and Air Conditioners, Etc.**

**CONDO CONVERSIONS** are a change of use of the building and require a new certificate of occupancy. If this application implies a condo conversion, it shall be clearly stated in the description and on the plans; otherwise, the certificate of occupancy will be denied.

**OWNER'S AFFIDAVIT:** I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and Zoning.

**OWNER'S OR PERSON RESPONSIBLE FOR IMPROVEMENTS AFFIDAVIT:** I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and Zoning.

**NOTICE:** In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies or federal agencies.

*Under penalties of perjury, I declare that to the best of my knowledge, the facts stated in this document are true. Any information found to be false may cause the revocation and/or denial of the permit and/or certificate of occupancy.*

Owner	Tenant (If Applicable)	Qualifier
Signature of Owner of Agent: _____ Printed Name of Owner of Agent: _____ Date of Signature: _____ Signature of Notary Public _____ Identification _____ Swore to and subscribed before me this _____ day of _____ 20 _____ (SEAL)	Signature of Tenant: _____ Printed Name of Tenant: _____ Date of Signature: _____ Signature of Notary Public _____ Identification _____ Swore to and subscribed before me this _____ day of _____ 20 _____ (SEAL)	Signature of Qualifier: _____ Printed Name of Qualifier: _____ Date of Signature: _____ Signature of Notary Public _____ Identification _____ Swore to and subscribed before me this _____ day of _____ 20 _____ (SEAL)

**THE SIGNATURE REQUIRED BELOW IS FOR \*OWNER/BUILDER APPLICANTS ONLY\*. PLEASE DO NOT SIGN BELOW IF THIS IS NOT AN OWNER/BUILDER APPLICATON.**

**WARNING TO OWNER: YOUR FAILURE TO RECORD A NOTICE OF COMMENCEMENT MAY RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. IF YOU INTEND TO OBTAIN FINANCING, CONSULT WITH YOUR LENDER OR ATTORNEY BEFORE RECORDING YOUR NOTICE OF COMMENCEMENT. NOTICE OF COMMENCEMENT SHOULD BE FILED AT: 22 NW FIRST STREET, MIAMI, FL**

STATE OF FLORIDA \_\_\_\_\_ COUNTY OF \_\_\_\_\_

Print Owner' s Name \_\_\_\_\_ Owner's Signature \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_ , by \_\_\_\_\_

- ☐ Personally  
☐ Produced Identification – Type of Identification \_\_\_\_\_

Signature of Notary Public \_\_\_\_\_ (SEAL)

Application Approval By: \_\_\_\_\_ Permit Clerk Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>BUILDING: SPECIALTY PERMITS</b>	<input type="checkbox"/> Kitchen Renovation <input type="checkbox"/> Bath Renovation <input type="checkbox"/> Indoor Flooring, Sq.Ft. _____ <input type="checkbox"/> Generator, Sq.Ft. _____ <input type="checkbox"/> Solar (Photovoltaic)/Alternate Power <input type="checkbox"/> Swimming Pool, gallons _____ <i>(select one, new and renovation includes equipment)</i> <input type="checkbox"/> New Pool <input type="checkbox"/> Renovation of existing pool <input type="checkbox"/> Resurfacing <input type="checkbox"/> Equipment relocation only <input type="checkbox"/> Swimming pool lighting only <input type="checkbox"/> Demolition <input type="checkbox"/> Total, # of stories _____ <input type="checkbox"/> Partial, Sq.Ft. _____ <input type="checkbox"/> Other (signs, fences or other then above) <input type="checkbox"/> Marine <input type="checkbox"/> Docks, Sq.Ft. _____ <input type="checkbox"/> Seawall, linear feet _____ <input type="checkbox"/> Boat lift, # units _____ <input type="checkbox"/> Pilings/Moorings, # units _____ <input type="checkbox"/> Raise existing mechanical equipment on roof <input type="checkbox"/> Parking lot lighting <input type="checkbox"/> Access control, # devices _____	<input type="checkbox"/> Temporary and Special Events <input type="checkbox"/> Platform, select: first or re-approval (circle one) <input type="checkbox"/> Bleachers, select: first or re-approval (circle one) <input type="checkbox"/> Tents, # independent tents (not attached) _____ Sq.Ft. each unattached tent _____, _____, etc. <input type="checkbox"/> Temporary chiller/generator, # units _____ <input type="checkbox"/> Temporary multi-seat toilet, # trailers _____ <input type="checkbox"/> Temporary toilet (per event), # events _____ <input type="checkbox"/> Amusement Ride <input type="checkbox"/> Other _____ <input type="checkbox"/> Temporary <input type="checkbox"/> Temporary power for construction <input type="checkbox"/> Temporary power for test <input type="checkbox"/> Trailer, # units _____ <input type="checkbox"/> Temporary electric work, # shows _____ <input type="checkbox"/> Water drainage risers and mains, # floors _____ <input type="checkbox"/> Natural gas, # appliances _____, # outlets _____ <input type="checkbox"/> Irrigation, # zones _____ <input type="checkbox"/> Heaters, <input type="checkbox"/> select: gas or electric (circle one) <input type="checkbox"/> select: new or replacement (circle one) <input type="checkbox"/> Cooling tower, new <input type="checkbox"/> Chiller replacement with structural work <input type="checkbox"/> AC unit new, # units _____ If commercial, CFM _____
<b>BUILDING: TRADE PERMITS</b>	<input type="checkbox"/> Painting <input type="checkbox"/> Windows/doors, # openings _____ <input type="checkbox"/> Shutters, # openings _____ <input type="checkbox"/> Storefront, Sq.Ft. _____ <input type="checkbox"/> Moving structures, Sq.Ft. _____ <input type="checkbox"/> Paving/concrete, Sq.Ft. _____ <input type="checkbox"/> Signs (non-electric), Sq.Ft. _____ <input type="checkbox"/> Roofing, re-roofing, waterproofing, Sq.Ft. _____ <input type="checkbox"/> Fences, walls, linear feet _____ <input type="checkbox"/> Awning, canopy or patio cover, Sq.Ft. _____ <input type="checkbox"/> Other _____	<b>ELECTRICAL: TRADE PERMITS</b> <input type="checkbox"/> Electrical demolition only <input type="checkbox"/> Electrical safety check for service reconnect <input type="checkbox"/> Electrical alteration/remodeling, Sq.Ft. _____ <input type="checkbox"/> Electrical services, # meters _____ <input type="checkbox"/> Panel replacement, # panels _____ <input type="checkbox"/> Busway installation, linear feet _____ <input type="checkbox"/> Signs (electric), # signs _____ <input type="checkbox"/> Low voltage, # devices _____ <input type="checkbox"/> Empty conduit, # openings _____ <input type="checkbox"/> Generator Transfer Switch <input type="checkbox"/> Other _____
<b>PLUMBING: TRADE PERMITS</b>	<input type="checkbox"/> Plumbing only demolition <input type="checkbox"/> Fixtures <input type="checkbox"/> Rough, # units _____ <input type="checkbox"/> Sets, # sets _____ <input type="checkbox"/> Interceptors, # units _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> Water drainage, # inlets _____ <input type="checkbox"/> Condensation drains <input type="checkbox"/> Dry or discharge wells, # wells _____ <input type="checkbox"/> Water/gas mains, linear feet _____ <input type="checkbox"/> Sanitary, storm or collector lines, linear feet _____ <input type="checkbox"/> Backflow protection, # devices _____
<b>MECHANICAL: TRADE PERMITS</b>	<input type="checkbox"/> Mechanical only demolition <input type="checkbox"/> AC Replacement <input type="checkbox"/> HVAC, # units _____ <input type="checkbox"/> Window unit, # units _____ <input type="checkbox"/> Cooling tower, replacement <input type="checkbox"/> Chiller replacement without structural work <input type="checkbox"/> Other _____	<input type="checkbox"/> Refrigeration equipment replacement <input type="checkbox"/> Gas or oil furnace <input type="checkbox"/> Hood replacement, # hoods _____ <input type="checkbox"/> Duct work <input type="checkbox"/> Single Family Home, # drops _____ <input type="checkbox"/> All other occupancy type, linear feet _____
<b>FIRE: PERMITS</b>	<input type="checkbox"/> Cooking hood suppression, # systems _____ <input type="checkbox"/> Room fire suppression, # systems _____ <input type="checkbox"/> Fire alarm system, Sq.Ft. _____ <input type="checkbox"/> Minor work on existing fire alarm <input type="checkbox"/> Electrical smoke detector, # devices _____ <input type="checkbox"/> Other _____	<b>ELEVATOR: TRADE PERMITS</b> <input type="checkbox"/> Installation or major revamping <input type="checkbox"/> Commercial elevator, # stories _____ <input type="checkbox"/> Residential elevator, # elevators _____ <input type="checkbox"/> Wheelchair lift, # lifts _____ <input type="checkbox"/> Escalator, # escalators _____ <input type="checkbox"/> Elevator repair <input type="checkbox"/> Removal from service <input type="checkbox"/> Emergency power test <input type="checkbox"/> Elevator fire recall test <input type="checkbox"/> Temporary use <input type="checkbox"/> Other _____

## **CONSTRUCTION LIEN LAW FOR OWNERS**

**NOTE: IF YOU SIGNED AS THE OWNER'S AGENT YOU ARE RESPONSIBLE FOR DELIVERING THIS INFORMATION SHEET TO THE OWNER OF THE PROPERTY.**

### **WARNING TO OWNER**

Florida's Construction Lien Law (Chapter 713, Part One, Florida Statutes) requires the recording with the Clerk of the Courts a Notice of Commencement for real property improvements greater than \$2,500.00. However, it does not apply to the repair or replacement of an existing heating or air conditioning system less than \$5000.00 in value. This notice must be signed by you, the Property Owner. ***Under Florida law, those who work on your property or provide materials and are not paid, have a right to enforce their claim for payment against your property. This claim is known as a construction lien.***

### **YOU MUST FILE A NOTICE OF COMMENCEMENT**

For your protection under the Construction Lien Law and to avoid the possibility of paying twice for improvements to real property, you must record a Notice of Commencement in the Clerk of the Court's Office. You also must provide a certified copy of the recorded document at the construction site. The Notice of Commencement must be signed by you, the owner contracting the improvements, and not by your agent. The Notice of Commencement form, provided with this application packet, must be completed and recorded within 90 days before starting the work. A copy of the payment bond, if any is required by you and purchased by the contractor, must be attached as part of the Notice of Commencement when recorded. If improvements described in the Notice of Commencement are not actually started within 90 days after the recording of the Notice, a new Notice of Commencement must be recorded. You lose your protection under the Construction Lien Law if the payments are made to the contractor after the expiration of the Notice of Commencement. The Notice is good for one (1) year after the recording date or up to the date specified under item nine of the form. Florida law requires the Building Department to be a second source of information concerning the improvements made on real property.

### **YOU MUST POST THE NOTICE OF COMMENCEMENT AT THE JOB SITE**

By law, the Building Department is required to verify at the first inspection, after the building permit is issued, that a certified copy of the recorded Notice of Commencement, with attached bonds if any, is posted at the construction site. Failure to show the inspector a certified copy of the recorded Notice will result in a disapproved inspection, (Florida Statute 713.135(1) (d)).

### **NOTICE TO OWNER FROM SUBCONTRACTORS AND SUPPLIERS**

You may receive a Notice to Owner from subcontractors and material suppliers. This notice advises you that the sender is providing services or materials. Subcontractors and suppliers must serve a Notice to Owner within 45 days of commencing work to preserve their ability to lien your property. If your address changes from that given in the Notice of Commencement, you should record a corrected Notice reflecting your current address. This is done to help ensure you will receive all notices.

### **RELEASE OF LIEN FROM CONTRACTOR**

Prior to paying the contractor, you need to receive a Release of Lien and Affidavit to the extent of payments from the general contractor. The Release of Lien and Affidavit shall state either that all the subcontractors and suppliers have been paid or list those unpaid and the amount owed. The contractor is required to list on the Release of Lien and Affidavit any subcontractor or supplier that has not been paid. That amount may be withheld from the contractor's pay and paid directly to the subcontractor or suppliers after 10 days written notice to the contractor. If the balance due to the contractor is not sufficient to pay in full all subcontractors and suppliers listed on the contractor's affidavit, you may wish to consult an attorney. The general contractor shall furnish a final Release of Lien and Affidavit to the owner indicating all subcontractors and suppliers have been paid at the time he requests final payment. You can rely on the affidavit in making final payment to the general contractor. If you make final payment to the general contractor without obtaining the affidavit, your property can be liened for non-payment if the general contractor fails to pay the subcontractors or suppliers. You should always obtain a Release of Lien and Affidavit from the contractor to the extent of any payments being made.

# NOTICE OF COMMENCEMENT

A RECORDED COPY MUST BE POSTED ON THE JOB SITE AT TIME OF FIRST INSPECTION

PERMIT NO. \_\_\_\_\_ TAX FOLIO NO. \_\_\_\_\_

STATE OF FLORIDA  
COUNTY OF MIAMI-DADE:

THE UNDERSIGNED hereby gives notice that improvements will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

**This Notice of Commencement should be recorded at:  
The Clerk of Courts  
Miami-Dade County Recorder  
Courthouse East, 22 NW First Street, 1st Floor, Miami, FL 33128**

1. Legal description of property and street/address: \_\_\_\_\_

\_\_\_\_\_

2. Description of improvement: \_\_\_\_\_

\_\_\_\_\_

3. Owner(s) name and address: \_\_\_\_\_

\_\_\_\_\_

Interest in property: \_\_\_\_\_

Name and address of fee simple titleholder: \_\_\_\_\_

\_\_\_\_\_

4. Contractor's name and address: \_\_\_\_\_

\_\_\_\_\_

5. Surety: (Payment bond required by owner from contractor, if any)

Name and address: \_\_\_\_\_

\_\_\_\_\_

Amount of bond \$ \_\_\_\_\_

6. Lender's name and address: \_\_\_\_\_

\_\_\_\_\_

7. Persons with the state of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(a)7., Florida Statutes.

Name and address: \_\_\_\_\_

\_\_\_\_\_

8. In addition to himself, Owners designates the following person(s) to receive a copy of the Lienor's Notice as provided in Section 713.13(1)(b), Florida Statutes.

Name and address: \_\_\_\_\_

\_\_\_\_\_

9. Expiration date of this Notice of Commencement: (the expiration date is 1 year from the date of recording unless a different date is specified) \_\_\_\_\_

\_\_\_\_\_

Signature of Owner

Print Owner's Name \_\_\_\_\_ Prepared by \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Notary Public \_\_\_\_\_

Print Notary's Name \_\_\_\_\_

My commission expires: \_\_\_\_\_

(Seal)

